

FEB 17 2006

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission: 7

Application Number	09/855,804
Filing Date	May 16, 2001
First Named Inventor	Linda Ann Roberts
Art Unit	2665
Examiner Name	Jason E. Mattis
Attorney Docket Number	BS00337

ENCLOSURES

(Check all that apply)

- ☒ Fee Transmittal Form
☒ Fee Attached

- ☐ Amendment/Reply

☐ After Final

☐ Affidavits/declaration(s)

- ☐ Extension of Time Request
☐ Express Abandonment Request

- ☒ Information Disclosure Statement

- ☐ Certified Copy of Priority Document(s)

- ☐ Response to Missing Parts/Incomplete Application

- ☐ Response to Missing Parts under 37 CFR 1.52 or 1.53

- ☐ Drawing(s)
☐ Licensing-related Papers

- ☐ Petition

- ☐ Petition to Convert to a Provisional Application

- ☐ Power of Attorney, Revocation
Change of correspondence Address

- ☐ Terminal Disclaimer

- ☐ Request for Refund

- ☐ CD, Number of CD(s)

Remarks:

- ☐ After Allowance Communication to Group
☐ Appeal Communication to Board of Appeals and Interferences
☐ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
☐ Proprietary Information
☐ Status Letter
☐ Other Enclosure(s) (please identify below):

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Name (Print/Type)	Bambi Faivre Walters	Reg. No.:	45,197
Signature	<i>Bambi Faivre Walters</i>		
Date	FEBRUARY 16, 2006		

CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, PO Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Name (Print/Type)	Maureen M. Pettine	Date	02/17/2006
Signature	<i>Maureen M. Pettine</i>		

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE FEB 17 2006

In re application of: Linda Ann Roberts Group Art Unit: 2665
Application No.: 09/855,804 Examiner: Jason E. Mattis
Filed: May 16, 2001
Title: "Priority Caller Alert"

VIA FACSIMILE 571-273-8300

Attn: Examiner Jason E. Mattis

37 C.F.R. § 1.8 CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on: 02/17/2006 (date of transmission).

Maureen M. Pettine

Name of Person Faxing This Paper

Maureen M. Pettine
Signature
February 17, 2006
Date of Transmission

INFORMATION DISCLOSURE STATEMENT

Pursuant to 37 CFR §§1.56, 1.97, and 1.98, the attention of the Patent and Trademark Office is hereby directed to the references listed on the attached Form PTO 1449 (page 1). The references are as follows:

6,738,615	Chow, et al.	05/2004
6,584,490	Schuster, et al.	06/2003
6,556,540	Mawhinney, et al.	04/2003
6,198,480	Cotugno, et al.	03/2001
6,021,427	Spagna, et al.	02/2000
5,703,934	Zicker, et al.	12/1997
5,699,523	Li, et al.	12/1997
4,823,304	Frantz, et al.	04/1989
4,797,911	Szlam, et al.	01/1989
2003/0026413	Brandt, et al.	02/2003
2002/0188443	Reddy, et al.	12/2002
2002/0090933	Rouse, et al.	07/2002

02/21/2006 MBINAS 00000023 09055804

01 FC:1806

180.00 OP

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This Information Disclosure Statement is being submitted after the mailing of a first Office Action in this application and therefore, a certification fee is believed to be required (37 CFR § 1.97(b)(3)).

It is respectfully requested that the references listed on the attached forms be expressly considered by the Examiner and be made of record in the application and appear among the "References Cited" on any patent to issue therefrom.

Respectfully submitted,



Bambi F. Walters
Attorney for Applicants
Registration No. 45,197
P. O. Box 5743
Williamsburg, VA 23188
Telephone: 757.253.5729

Date: 2/16/06

FEB 17 2006 1:31PM WALTERS

7572535729 FEB 17 2006

P. 4

FEE TRANSMITTAL for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

Application Number 09/855,804

Filing Date May 16, 2001

First Named Inventor Linda Ann Roberts

Examiner Name Jason E. Mattis

Art Unit 2665

Attorney Docket No. BS00337

TOTAL AMOUNT OF PAYMENT

\$180.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other

☐ Deposit Account

Deposit Account No. 19-2167

Deposit Account Name:

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES			SEARCH FEES		EXAMINATION FEES		
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fees Paid (\$)</u>	
Utility	300	150	500	250	200	100	_____	
Design	200	100	100	50	130	65	_____	
Plant	200	100	300	150	160	80	_____	
Reissue	300	150	500	250	600	300	_____	
Provisional	200	100	0	0	0	0		

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (Including Reissues)

Fee (\$)

Small Entity Fee (\$)

50

25

Each independent claim over 3 (Including Reissues)

200

100

Multiple dependent claims

360

180

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

- 20 or HP =

x

=

HP=highest number of independent claims paid for, if greater than 3.

Indep. Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

- 3 or HP =

x

=

HP=highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250.00 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets

Extra Sheets

/ 50

Fee (\$)

Fee Paid (\$)

- 100 =

(round up) x

=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

Supplemental IDS Fee

Fee Paid (\$)

180.00

SUBMITTED BY:

Name (Print/Type)

Bambi F. Walters

Registration No.
(Attorney/Agent)

45,197

Complete (if applicable)

Telephone:

(757) 253-5729

Signature

Bambi F. Walters

Date

2/16/06

FEB 17 2006

**FEE TRANSMITTAL
for FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27

Application Number	09/855,804
Filing Date	May 16, 2001
First Named Inventor	Linda Ann Roberts
Examiner Name	Jason E. Mattis
Art Unit	2665
Attorney Docket No.	BS00337

TOTAL AMOUNT OF PAYMENT**\$180.00****METHOD OF PAYMENT (check all that apply)**☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other☐ Deposit Account Deposit Account No. 19-2167

Deposit Account Name:

The Director is authorized to: (check all that apply)☒ Charge fee(s) indicated below☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☐ Charge fee(s) indicated below, except for the filing fee☒ Credit any overpayments**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Fee (\$)

Small Entity Fee (\$)

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Each independent claim over 3 (including Reissues)

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Multiple dependent claims

360

180

Total ClaimsExtra ClaimsFee (\$)Fee Paid (\$)Multiple Dependent Claims

- 20 or HP =

x

=

Fee (\$)

Fee Paid (\$)

HP=highest number of independent claims paid for, if greater than 3.

Indep. ClaimsExtra ClaimsFee (\$)Fee Paid (\$)

- 3 or HP =

x

=

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Total SheetsExtra Sheets

/ 50

(round up) x

Fee (\$)Fee Paid (\$)

- 100 =

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fee Paid (\$)

Other (e.g., late filing surcharge):

Supplemental IDS Fee

180.00

SUBMITTED BY:

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Signature*Bambi F. Walters*Date

2/16/06

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PTO/SB/08A (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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Substitute for form 1449A/PTO		Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)		Application Number	09/855,804
		Filing Date	May 16, 2001
		First Named Inventor	Linda Ann Roberts
		Group Art Unit	2665
		Examiner Name	Jason E. Mattis
Sheet 1 of 1	Attorney Docket Number	BS00337	

U.S. PATENT DOCUMENTS						
Examiner Initials *	Cite No. 1	U.S. Patent Document		Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Paragraphs or Relevant Figures Appear
		Number	Kind Code ² (if known)			
		6,738,615		Chow, et al.	05/2004	
		6,584,490		Schuster, et al.	06/2003	
		6,556,540		Mawhinney, et al.	04/2003	
		6,198,480		Cotugno, et al.	03/2001	
		6,021,427		Spagna, et al.	02/2000	
		5,703,934		Zicker, et al.	12/1997	
		5,699,523		Li, et al.	12/1997	
		4,823,304		Frantz, et al.	04/1989	
		4,797,911		Szlam, et al.	01/1989	
		2003/0026413		Brandt, et al.	02/2003	
		2002/0188443		Reddy, et al.	12/2002	
		2002/0090933		Rouse, et al.	07/2002	

OTHER PRIOR ART – NON PATENT LITERATURE DOCUMENTS			
Examiner Initials *	Cite No. 1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²

Examiner Signature	Date Considered
-----------------------	--------------------

* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 608. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Unique citation designation number. ² Applicant is to place a check mark here if English language Translation is attached.

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